

lies completely across the abdominal cavity with its concave border looking to the left. The upper half of the loop is the wider and longer, measuring 20 cm. x 8 cm., while the lower half is 15 cm. long x 5 cm. in diameter.

There are fairly loose adhesions between the two portions of the loop, as also between the end of the sigmoid flexure and the left abdominal incision. There seems to be a thickening of that part of the meso-colon which approximates the two ends of the loop and causes traction on the lower end, thus creating a partial narrowing of the lower portion. The sigmoid immediately above this narrowed part is dilated with a pouch formation on its inferior surface, evidently caused by gravitation of accumulated faeces.

On the outer and lower surface of the sigmoid are a number of Lembert sutures to which the omentum is adherent. Union is complete, except at one median point where a small perforation, 2 mm. in diameter, indicates the evident origin of the peritonitis.

On opening the sigmoid, solid faeces weighing 850 grms. are removed, the wall is greatly thickened, measuring on an average 5 mm. The mucosa itself is normal without any ulceration. The rectum is of about normal size and thickness, and there is nowhere any evidence of constriction.

The descending colon is also greatly thickened, somewhat dilated and its mucosa congested. Elsewhere the large intestine shows but slight hypertrophy and no ulceration. The total length of the colon from caecum to sigmoid flexure is 50 cm. The sigmoid itself measures 38 cm. The caecum, appendix and small intestines appear normal in all respects except for the plastic peritonitis on their serous coats. So far as the other organs and structures are concerned, there was nothing of importance detected.

The interest in the above case then concerns the same features as those already observed in the first four cases found in the above table as being undoubtedly congenital in origin.

The condition is most like that described by Curschmann in his article on topographical clinical studies, where he specially notes that in early life the sigmoid is relatively larger than the rest of the large intestine and that we often find a persistence of the infantile condition. This he describes as often monstrous, and records 15 cases out of 233 examined. From his observations it would seem that the sigmoid is very prone to congenital volvulus, especially when there is a marked approximation of the two ends of the limbs of the loop. The meso-colon thus becomes fan-shaped, the widest portion of the fan